

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090476		2 Total pages filed: 14	
3 COMMITTEE NAME Our Mobility Our Future				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2020 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6020  Austin, TX 78762				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Baylor  NICKNAME LAST SUFFIX A. Jo				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1101 Navasota #2 Austin, TX 78702				
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 413-4276				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination				
10 PERIOD COVERED	Month Day Year      Month Day Year 01/27/2020      THROUGH      06/30/2020				
11 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Our Mobility Our Future		<b>13 Filer ID</b> (Ethics Commission Filers) 00090476	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure) <input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure) <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # NA	
		ELECTION DATE Month Day Year 11/03/2020	
		DESCRIPTION Transportation funding measure by City of Austin	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b>		\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 98,620.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</b>		\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$ 41,666.47
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 46,933.53
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Baylor A. Jo  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 14

<b>17 COMMITTEE NAME</b> Our Mobility Our Future		<b>18 Filer ID</b> (Ethics Commission Filers) 00090476
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 78,620.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 75,000.00
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 20,000.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 10,000.00
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 41,666.47
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,000.00
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/14
<b>2</b> FILER NAME Our Mobility Our Future		<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 02/25/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrow, Janis <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 06/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bury III, Paul Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$4,000.00
Principal occupation / Job title (See Instructions) elected official		Employer (See Instructions) Travis County
Date 04/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) elected official		Employer (See Instructions) Travis County
Date 04/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) elected official		Employer (See Instructions) Travis County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/14
<b>2</b> FILER NAME Our Mobility Our Future		<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 02/25/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardeman, Bryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78752	<b>7</b> Amount of Contribution (\$) \$20,000.00
<b>8</b> Principal occupation / Job title (See Instructions) self-employed		<b>9</b> Employer (See Instructions) self-employed
Date 03/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Rae <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) housewife		Employer (See Instructions) none
Date 06/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korompai, Edward <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Patent Council		Employer (See Instructions) Ventures Oxides LLC
Date 02/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions) investments		Employer (See Instructions) John Lewis Company
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) investments		Employer (See Instructions) John Lewis Company

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/14
<b>2</b> FILER NAME Our Mobility Our Future		<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 02/14/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Jim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$6,000.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 04/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Jim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$8,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xie, Xi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 7/14

2 FILER NAME  
Our Mobility Our Future

3 Filer ID (Ethics Commission Filers)  
00090476

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date  
  
06/29/2020

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
McCall, John

7 Pledgor Address; City; State; Zip Code

Spicewood, TX 78669

8 Amount of  
pledge (\$)  
  
\$24,000.00

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)  
Retired

11 Employer (See Instructions)  
Retired

5 Date  
  
06/23/2020

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Roberts, Roger

7 Pledgor Address; City; State; Zip Code

Pompeo Beach, FL 33062

8 Amount of  
pledge (\$)  
  
\$1,000.00

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)  
Retired

11 Employer (See Instructions)  
Retired

5 Date  
  
06/30/2020

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Roberts, Vicki

7 Pledgor Address; City; State; Zip Code

Austin, TX 78746

8 Amount of  
pledge (\$)  
  
\$50,000.00

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)  
retired

11 Employer (See Instructions)  
retired

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 8/14
<b>2</b> FILER NAME Our Mobility Our Future		<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 02/28/2020	<b>5</b> Corporation / Labor Organization name Charles Maund Toyota <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78767	<b>7</b> Amount of contribution (\$) \$10,000.00
Date 06/23/2020	Corporation / Labor Organization name STEJO Investments LP <hr/> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78746	Amount of contribution (\$) \$10,000.00



# PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.

1 Total pages Schedule D:

Sch: 1/1 Rpt: 9/14

2 FILER NAME

Our Mobility Our Future

3 Filer ID (Ethics Commission Filers)

00090476

4 Date

06/29/2020

5 Corporation / Labor Organization Name

Brown Distributing Co.

7 Amount of  
pledge (\$)

\$10,000.00

8 In-kind description (if  
applicable)

6 Corporation / Labor Organization address; City; State; Zip Code

Austin, TX 78724

☐ Check if travel outside of Texas. Complete Schedule T.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 10/14	<b>2</b> FILER NAME Our Mobility Our Future	<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 04/01/2020	<b>5</b> Payee name Borgelt, Roger	
<b>6</b> Amount (\$) \$850.00	<b>7</b> Payee address; City; State; Zip Code 614 S. Capital of Texas Hwy  Austin, TX 78746	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal services rendered for campaign and election matters
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2020	Payee name Bronson, Jonathan	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3809 Rockledge Dr  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2020	Payee name Bronson, Jonathan	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3809 Rockledge Dr  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 11/14	<b>2</b> FILER NAME Our Mobility Our Future	<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 03/09/2020	<b>5</b> Payee name Flexicodes	
<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 18650 W. Old US 12 1 Chelsea, MI 48118	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web development
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2020	Payee name Magnuson, Dillon	
Amount (\$) \$243.52	Payee address; City; State; Zip Code 513 S Park Dr Unit #304 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography/image licensing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2020	Payee name Moreland Consulting	
Amount (\$) \$6,427.20	Payee address; City; State; Zip Code 5202 Woodmoor Dr  Austin, TX 78721	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting services rendered
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 12/14	<b>2</b> FILER NAME Our Mobility Our Future	<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 03/02/2020	<b>5</b> Payee name Moreland Consulting	
<b>6</b> Amount (\$) \$6,000.00	<b>7</b> Payee address; City; State; Zip Code 5202 Woodmoor Dr  Austin, TX 78721	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting services rendered
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2020	Candidate/Officeholder name Office sought Office held	
Payee name Moreland Consulting		
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 5202 Woodmoor Dr  Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services rendered
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2020	Candidate/Officeholder name Office sought Office held	
Payee name Moreland Consulting		
Amount (\$) \$3,795.75	Payee address; City; State; Zip Code 5202 Woodmoor Dr  Austin, TX 78721	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services rendered
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 13/14	<b>2</b> FILER NAME Our Mobility Our Future	<b>3</b> Filer ID (Ethics Commission Filers) 00090476
<b>4</b> Date 06/02/2020	<b>5</b> Payee name Moreland Consulting	
<b>6</b> Amount (\$) \$6,000.00	<b>7</b> Payee address; City; State; Zip Code 5202 Woodmoor Dr  Austin, TX 78721	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services rendered
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/07/2020	Candidate/Officeholder name Shack, Edward	
Amount (\$) \$350.00	Office sought Office held	
Purpose of Expenditure	Payee name Shack, Edward	
Purpose of Expenditure	Payee address; City; State; Zip Code 4410 Bellvue Ave  Austin, TX 78756	
Purpose of Expenditure	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal services rendered for campaign and election matters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/27/2020	Candidate/Officeholder name Voices of Austin	
Amount (\$) \$5,000.00	Office sought Office held	
Purpose of Expenditure	Payee name Voices of Austin	
Purpose of Expenditure	Payee address; City; State; Zip Code 108 Wild Basin Rd S Unit 250 Austin, TX 78746	
Purpose of Expenditure	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Voices of Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Our Mobility Our Future	3 Filer ID (Ethics Commission Filers) 00090476
4 Date 06/02/2020	5 Payee name Lewis, John	
6 Amount (\$) 5,000.00	7 Payee Address; City; State; Zip 3839 Bee Cave Road Suite 204 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Donation Partial Refund	(b) Description (See instructions regarding type of information required.) Donation Partial Refund